## **Exhibit X-1**

## Project HOPE Receipt for Compensation for Screening & Recruitment

## Exhibit X-2

## Project HOPE Receipt for Compensation for Evaluation Interviews

Advisor Assistant's signature:	-    -    -    Date: Month/Day/Year
Your signature:	Date: Month/Day/Year
· · · · · · · · · · · · · · · · · · ·	
Your name: (PLEASE PRINT)	
[ ] Postpartum Follow-up Interview	
[ ] Prenatal Follow-up Interview	[ ] \$15 cash voucher
[ ] Baseline Interview	[ ] \$15 cash
For the time you spent participating in our study, we appreciation. Please indicate that you received this	